DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: CLARITY CARE SHAWANO AVENUE APARTMENTS (410443)

Address: 1297 SHAWANO AVE, GREEN BAY, WI 54303

License Status: REGULAR

Licensed/Certified/Registered 01/29/1996

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0095158 End Date: 06/15/2005 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092407 End Date: 04/19/2004 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006954 Served 04/28/2004

Compliance

Deficiencies Cited
83.21(4)(g)Subject Area
FAIR TREATMENTVerified
06/15/2005Corrected
Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History

Date Complaint Received: 04/19/2005 Date Investigation Completed: 06/20/2005

Subject Area(s) Result SOD #

RESIDENT RIGHTS

ADMINISTRATION

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

NOT SUBSTANTIATED